

FEB 28 2008

PATENT & TRADEMARKS

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Siemens Corporation
Intellectual Property Department
170 Wood Avenue South
Iselin, NJ 08830

02/29/2008 FMETEK12 00000004 192179 10608704

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John Kirkland Douglass (Depositor's name)
~~John Kirkland Douglass~~ (Signature)
February 28, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAME INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,704	06.27.03	John Thomas Pawlak	2003P07963 US	9676

TITLE OF INVENTION:

Non-Circular-Orbit Detection Method and Apparatus

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$ 1440.00	\$ 300.00	\$1740.00	05.06.08
	EXAMINER	ART UNIT	CLASS-SUBCLASS		
	Baker, David S.	2884	250-252100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached

"Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siemens Medical Solutions USA, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order # of Copies _____

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to

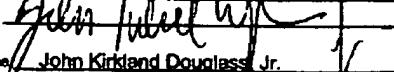
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5. Change In Entity Status (from status indicated above)

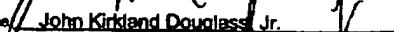
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

The Director of the USPTO is requested to apply the issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature 

Date February 28, 2008

Typed or printed name 

Registration No. 46,011

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